



ADA Complaint Procedures

(Revised July 11, 2024)

BUTLER TRANSIT AUTHORITY'S ADA SERVICE POLICY

ADA COMPLAINT PROCEDURES

These procedures cover all complaints filed the Americans with Disabilities Act of 1990 for alleged discrimination in any program or activity administered by Butler Transit Authority (BTA).

These procedures do not deny the right of the complainant to file complaints with other State or Federal agencies or to seek private counsel for complaints alleging discrimination. Every effort will be made to obtain early resolution of complaints at the lowest level possible. Any individual, group of individuals or entity that believes they have been subjected to discrimination prohibited by the Americans with Disabilities Act (ADA) and related statutes by BTA may file a complaint.

The following measures will be taken to resolve ADA complaints:

1.) A formal complaint must be filed within 180 days of the alleged occurrence. Complaints shall be in writing and signed by the individual or his/her representative, and will include the complainant's name, address and telephone number; name of alleged discriminating official, basis of complaint and the date of alleged act(s). A statement detailing the facts and circumstances of the alleged discrimination must accompany all complaints.

BTA strongly encourages the use of BTA's ADA Complaint Form when filing official complaints.

Written complaints should be sent to:

Butler Transit Authority
130 Hollywood Dr – Suite 101
Butler, PA 16001

2.) When a complaint is received, BTA will record the complaint in the ADA complaint database and provide written acknowledgment to the Complainant, within ten (10) days by registered mail.

3.) If a complaint is deemed incomplete, additional information will be requested, and the Complainant will be provided 60 business days to submit the required information. Failure to do so may be considered good cause for a determination of no investigative merit.

4.) Within 15 business days from receipt of a complete complaint, BTA will determine its jurisdiction in pursuing the matter and whether the complaint has sufficient merit to warrant investigation. Within five (5) days of this decision, the Compliance Officer or his/her authorized designee will notify the Complainant by registered mail, informing him/her of the disposition of the complaint.

a. If the decision is not to investigate the complaint, the notification shall specifically state the reason for the decision.

b. If the complaint is to be investigated, the notification shall state the grounds of BTA's jurisdiction, while informing the parties that their full cooperation will be required in gathering additional information and assisting the investigator.

5.) When BTA does not have sufficient jurisdiction, the Compliance Officer or his/her authorized designee will refer the complaint to the appropriate State or Federal agency holding such jurisdiction.

6.) If the complaint has investigative merit, the Compliance Officer or his/her authorized designee will fully investigate the complaint. A complete investigation will be conducted, and an investigative report will be prepared within 60 days from receipt of the complaint. The report will include a narrative description of the incident, summaries of all persons interviewed, and a finding with recommendations and conciliatory measures where appropriate. If the investigation is delayed for any reason, the appropriate authorities will be notified, and an extension will be requested.

7.) The Executive Director or his/her authorized designee will issue letters of finding to the Complainant within 90 days from receipt of the complaint.

8.) If the Complainant is dissatisfied with BTA's resolution of the complaint, the complainant has the right to file an internal appeal of the resolution. The internal appeal may be initiated by written correspondence from the complainant requesting the same. Upon receipt of such appeal, the Executive Director or his/her designee, so long as the same is different from the Compliance Officer, will investigate the complaint and a decision will be made within 15 days of the appeal. The Executive Director's investigation and findings will conclude BTA's internal complaint process.

With your form, please attach on separate sheet(s):

- A summary of your allegations and any supporting documentation.
- Sufficient details for an investigator to understand why you believe a public transit provider has violated your rights, with specifics such as dates and times of incidents.
- Any related correspondence from the transit provider.

Butler Transit Authority ADA Complaint Form

BTA prohibits discrimination in all of its programs and services on the basis of a disability. If you feel you have been discriminated against because of a disability, please provide the following information in order to assist us in processing your complaint.

Please submit your complaint to:

Compliance Officer

Butler Transit Authority
130 Hollywood Drive, Suite 101
Butler, PA 16001

Please print Clearly.

Section I:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Cell): _____

Accessible Format Requirements: Large Print TDD Audio Tape Other:

Section II:

Are you filing this complaint on your own behalf? Yes* No

*If you answered "yes" to this question, go to Section III.

Please supply the name and relationship of the person you are completing the complaint form for:

Name: _____ Relationship: _____

Please explain why you have filed for a third party: _____

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. Yes No

Section III:

Date of Incident (MM/DD/YYYY): _____ Time of Incident: _____

Location of Incident: _____

Transit Service (Fixed route /Paratransit /Other): _____

Route Name/Number: _____

Vehicle Number: _____ Direction of Travel: Inbound Outbound

Mobility Aid Used (if any): _____

Provide the name of the person(s) who discriminated against you. If unknown, please provide descriptive information to help identify the employee. _____

Please explain as clearly as possible what happened and why you believe you were discriminated against. If more space is needed, please use a separate sheet of paper.

Please list the names and contact information for any and all witnesses.

Section IV:

Have you previously filed an ADA complaint with BTA? Yes No

Have you filed a complaint with a Federal, State or local agency, or with any Federal or State court?
 Yes No

If yes, check all that apply:

Federal agency Federal court State agency State court Local agency

Please provide information about a contact person at the agency/court where the complaint was filed.
Name and Title:

Agency:

Address:

City, State and Zip Code:

Telephone Number:

Section V:

You may attach any written materials or other information that you think is relevant to your complaint.

I affirm that I have read the above and that the information is true to the best of my knowledge and belief. **Signature and date required.**

Signature

Date